

(1989 - February 9, 1989

VIA FEDERAL EXPRESS

Mr. Barry Tornick, Section Chief
New Jersey Facilities Section
USEPA, Room 1011
26 Federal Plaza
New York, New York 10278

Dear Mr. Tornick:

On behalf of Lenox China, Geraghty & Miller, Inc. has prepared this letter to provide information about Lenox's manufacturing facility in Pomona, New Jersey that was requested by Mr. Andrew Park, USEPA Region II, during a site visit on January 17, 1989. This information specifically addresses the underground piping between the Glaze Basin and the Slip Basin, the trichloroethene (TCE) handling facilities, the two underground storage tanks that were removed during July 1987, and the piping for the industrial wastewater treatment system.

Underground Piping Between Glaze Basin and Slip Basin

A 4-inch diameter steel pipe exists at a depth of approximately 1 to 2 feet below land surface between the Glaze Basin (now filled in) and the Slip Basin. It runs parallel to and approximately 130 ft northeast of the main manufacturing building.

Trichloroethene Handling Facilities

TCE is used in the factory to remove a protective asphaltic mask from dinnerware. Dishes are placed in the degreaser located inside the building, and the TCE with asphalt residues settles to the bottom of the unit thereby forming a sludge. The bottom of the degreaser corresponds to the "TCE Sludge Collection Station" shown on the diagram in USEPA files. The sludge is then piped to the "TCE Degreaser Pit," which is located along the outside of the plant building directly adjacent to the degreasing area inside the building. Construction details of the sump area where the hot fluid sludge drains by gravity to a storage drum are shown on the attached drawing entitled "Degreaser Filling Station Exist. Conditions." The procedures followed for drawing off the sludge and for control and handling of the sludge are included as Appendix A to this letter. Drums with sludge are transported by forklift to the "TCE Drum Storage Pad," where the wastes await shipment offsite for incineration.

Underground Petroleum Storage Tanks

During July 1987, a 8,200 gallon fuel oil tank and a 2,000 gallon gasoline tank were removed from the facility. A Geraghty & Miller, Inc. geologist was present during the excavation and sampling activities. No free product or petroleum staining was evident throughout the excavation where the tanks were located. A copy of the report describing the tank excavations that was submitted to the New Jersey Department of



GERAGHTY & MILLER, INC.

*Letter from
G&M to Lenox
indicated that
the samples
were water.*

Environmental Protection in October 1987 is included as Appendix B of this letter. Samples identified as V, W, X and Y were collected from the sidewalls of the excavation, approximately 3 ft below the asphalt paving. The surface material at the bottom of the excavation was tested in samples A2, E2, B2, Z1, Z2, Z3, and Z4. Sample Z5 was collected at a depth of 2 ft below the excavation surface.

Piping for the Industrial Wastewater Treatment System

Before the Slip Basin was taken out of service in late 1988, wastewater flowed through the basin as shown in the attached schematic diagram No. 5, which was submitted as part of Lenox's Part B RCRA application. Industrial wastewater now leaves the plant through a sump adjacent to the equalization sump and passes through concrete tankage which was formerly part of Lenox's sanitary wastewater system, as shown in the attached schematic flow drawing No. 2. The wastewater then flows to the treatment plant for removal of solids, to the Polishing Basin, and finally to the Tilton Road Pond prior to discharge to surface water. *→ where?*

We hope this information will help you complete the draft permit for Lenox's Solid Waste Management Units. It is our understanding that Mr. Park will meet with Lenox representatives in mid-February to discuss the draft permit and that Lenox will have ample time to review and comment on it before issuance.

Sincerely,

GERAGHTY & MILLER, INC.

Catherine L. Gilroy

Catherine L. Gilroy
Senior Scientist

Robert A. Saar

Robert A. Saar, Ph.D.
Senior Consultant

CLG/RAS:th

Attachments

cc: L. Fantin

S. Piotrowski

A. Gustray

F. Inyard

APPENDIX A

Control and Handling of Waste Trichloroethene Sludge

POMONA EPA 020

REVISION NO.: _____

EFFECTIVE DATE: _____

REVIEW DATE: _____

Page 1

CONTROL AND HANDLING OF WASTE TRICHLOROETHYLENE SLUDGE

PURPOSE:

- . To define when trichloroethylene (TCE) becomes waste.
- . To provide a training base.
- . To restrict handling to trained personnel.

SCOPE:

- . Hazardous waste characterization
- . Hazardous waste labeling
- . On-site movement
- . Storage
- . Waste shipments/hazardous waste manifest
- . Spill clean up
- . MSDS

PROCEDURE:

1. Hazardous Waste Characterization

A. Define TCE sludge as a waste

The TCE sludge becomes a waste material when the sludge that has been pumped into a storage drum in the TCE sump, has cooled and is disconnected from the draw down system. The material should then be managed as a hazardous waste.

B. Waste Analysis

A representative sample of the sludge is obtained quarterly for analysis (see RCRA Part B app P. 3-6). The sludge is to be analyzed for volatile organic compounds. Waste analysis information should be kept on site until facility closure.

2. Hazardous Waste Labeling

- ##### A.
- As soon as the sludge drum has been disconnected from the degreaser draw down system the material is a waste, as stated above, and should be labeled at that time. An example of the hazardous waste label is shown in exhibit A. The only piece of information that need not be filled in at that time is the manifest number. This should be filled in just prior to waste shipment.

3. On-site Movement

- A. On-site movement of the waste should only be performed by fork lift or hand truck.
- B. Any operator who moves the waste by fork lift should have documented training in fork lift operations and be trained in the hazards and spill clean up procedures for the waste.

4. Storage

- A. The only facility permitted for the storage of the waste is the drum storage pad (see exhibit B).
- B. A note should be made in the daily RCRA inspection log as to the number of waste drums on the drum pad. Additional comments should be made as to poor drum conditions, improper placement of waste drums, or missing or deficient labels on drums.

5. Waste Shipments/Hazardous Waste Manifest

- A. Scheduling of waste shipments should be made in such a way so as to allow for the pick up of the waste every 90 days. This may require the scheduling of a shipment as soon as, or shortly after, a shipment has been made.

6. Hazardous Waste Manifest

- A. A hazardous waste manifest must accompany each waste shipment.
- B. The manifest should be completed as shown in exhibit C.
- C. The manifest document number (line 1) will change for each shipment and should be kept so as to avoid duplication of numbers.
- D. The transporter (line 5) and EPA I.D. number (line 6) may change from shipment to shipment and should only be filled in once the transporter is on site. The State transporter I.D. number (line C) and phone number (line D) should be obtained directly from the driver.
- E. The disposal facility (line 9) will remain the same until further notice.
- F. The proper shipping (line 11) for the TCE sludge is:

WASTE ORM-A, N.O.S.
ORM-A NA1693 (F001)

G. The appropriate number of containers, container type, quantity and unit should be entered into lines 12, 13, and 14 respectively.

H. The waste number (line I) for the waste is F001.

I. In the appropriate box for additional information (line J) the following should be entered:

25% Trichloroethylene
75% Asphalt, S, T

J. An authorized person should print and sign their name and date the manifest (line 16).

K. The transporter should do the same on line 17.

L. If a New Jersey manifest is used, distribute copies as follows:

Copies 1 through 5 go with the
transporter.

Copies 6 and 7 are sent by Lenox
to the State of New Jersey.

Copy 8 is retained in Lenox files.

Copy 3 will be returned by the
disposal company and should
be attached to Copy 8 for
that specific shipment.

M. A land disposal restriction disclaimer will need to be completed as shown in Exhibit D and accompany the waste manifest. Retain a copy of this disclaimer for the files.

N. All hazardous waste manifests should be kept on site and retrievable until facility closure.

7. Spill Clean Up

A. Clean-up equipment

1) Protective clothing

- a) rubber gloves
- b) rubber boots
- c) pe/tyvek suit

- 2) Respiratory protection
 - a) Self Contained Breathing Apparatus
 - 3) Clean-up materials
 - a) saw dust, absorbent pads or absorbent boom
 - b) polyester lined fiber drum
 - c) shovel
- B. Clean-up procedures
- 1) Notify guard on duty to obtain help and to help secure are of spill.
 - 2) Don protective clothing and respiratory protection equipment.
 - 3) Stop source of leak if at all possible.
 - 4) Protect from run off to surface waters and ground waters.
 - 5) Confine spill to as small an area as quickly as possible.
 - 6) Absorb with sawdust or other absorbent material.
 - 7) Shovel into polyester lined fiber drum.
 - 8) Remove any remaining liquid or contaminated soil to lined fiber drum. If possible, wet vacuum area and dispose of waste water with other soil and liquids.
 - 9) Once the spill has been contained and all remediation activity accomplished, dispose of contaminated clothing in lined fiber drums.
 - 10) Notify guard of spill of containment of spill.
 - 11) Comply with spill notification requirements.
 - 12) Maintenance staff should initiate an incident investigation and file an incident report of all spill related activities.
- C. Chemical Exposure
- If any persons are exposed to TCE, refer to MSD sheet for first aid information and seek medical attention.

N.B. Due to the extremely low drinking water standards with respect to TCE, never leave TCE spills unaddressed or flush to sewers surrounding grounds.

8. MSDS

See exhibit D.

Exhibit A

HAZARDOUS WASTE



FEDERAL LAW PROHIBITS IMPROPER DISPOSAL

IF FOUND, CONTACT THE NEAREST POLICE, OR
PUBLIC SAFETY AUTHORITY, OR THE
U.S. ENVIRONMENTAL PROTECTION AGENCY

PROPER D.O.T.
SHIPPING NAME WASTE ORM-A, N.O.S. ☐ OR NA# 1693

GENERATOR INFORMATION:

NAME LENOX CHINA
ADDRESS TILTON ROAD
CITY POMONA STATE NJ ZIP 08240

EPA ID NO. NJD 002325074 EPA WASTE NO. F001

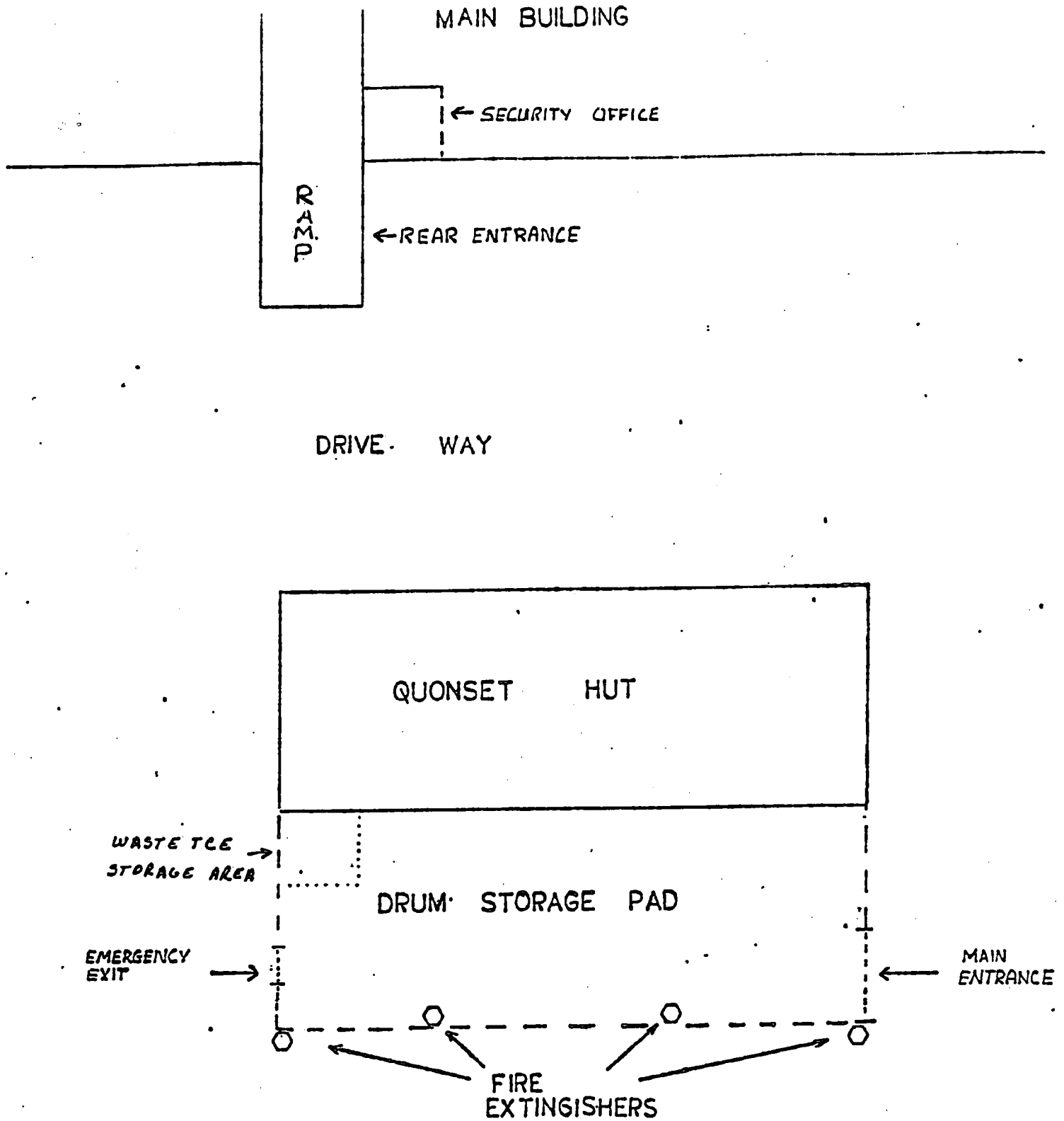
ACCUMULATION START DATE MANIFEST DOCUMENT NO.

fill in date when
unit is removed from
shutdown system.

HANDLE WITH CARE!
CONTAINS HAZARDOUS OR TOXIC WASTES

Fill in only after all
manifest data has been
collected and manifest
has been correctly typed.

DRUM STORAGE PAD DIAGRAM





State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved by GSA GEN. REG. NO. 27, FEB. 69

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		2. Page 1 of 1		Information in this manifest is not required by Federal law *	
3. Generator's Name and Mailing Address Lenox China Tilton Road, Pomona, NJ 08240 4. Generator's Phone: (609) 641-3700		5. US EPA ID Number NJ0100023250714		6. State Manifest Document Number NJA 0252354		7. State Gen. ID# SAME	
8. Transporter 1. Company Name S-J Transportation, Inc.		9. US EPA ID Number NJ0101515127901411		10. State Transporter ID NJDEP SO 3978-20568		11. Transporter's Phone (609) 769-2741	
12. Transporter 2. Company Name		13. US EPA ID Number		14. State Transporter ID		15. State Transporter's Phone	
16. Designated Facility Name and Site Address Rollins Environmental Services (NJ) Inc. Rt. 322 Bridgeport, NJ 08014		17. US EPA ID Number NJ010151312818121319		18. State Facility ID		19. Facility's Phone (609) 467-3100	
20. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		21. Containers No.		22. Total Quantity		23. Waste No.	
a. WASTE ORM-A, N.O.S.		1		1		F001	
b. ORM-A NA 1693 (F001)		1		1		F001	
c. SAMPLE		1		1		F001	
d. E		1		1		F001	
24. Additional Descriptions for Materials Listed Above 25% Trichloroethylene 75% Asphalt, S, T		25. Handling Instructions for Materials Listed Above		26. Handling Instructions for Materials Listed Above		27. Handling Instructions for Materials Listed Above	
28. Special Handling Instructions and Additional Information		29. Special Handling Instructions and Additional Information		30. Special Handling Instructions and Additional Information		31. Special Handling Instructions and Additional Information	

18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and hazard class, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and all applicable state laws and regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I so certify that I have a program in place to reduce the volume and toxicity of waste generated at my facility, and that I am currently practicing the waste minimization method of treatment, storage, or disposal currently available to me which minimizes the quantity of waste sent to off-site treatment, storage, or disposal.

Typed Name

19. Transporter 1. Agency - Submit to Receipt of Manifest

Typed Name

20. Transporter 2. Agency - Submit to Receipt of Manifest

Typed Name

21. Signature of Authorized Person

NJA 0252354

Exhibit D

ATTACHMENT A

LAND DISPOSAL RESTRICTIONS INFORMATION - RESTRICTED WASTE FOR INCINERATION

Customer Name: LENOX CHINA
 Address: TILTON ROAD
POMONA, NJ 08240

EPA ID Number: NJD 002325074
 Reference Number: L- 6861

Under manifest number NJA 0252354 we are shipping to you for incineration, a waste stream classified by EPA Hazardous Waste Number F001.

This stream contains the following constituents identified in Table CCWE of 40 CFR 286. (copy below) and must be treated at least to the level specified below:

<u>Constituent</u>	<u>Treatment Standard</u>
<u>TRICHLOROETHYLENE, 25%</u>	<u>0.091 mg/l</u>
<u>SAMPLE</u>	
<u> </u>	
<u> </u>	

TABLE CCWE - CONSTITUENT IN WASTE EXTRACT

	Concentration (in mg/l) Wastewaters containing spent solvents	All of spent solvent waste
F001-F005 spent solvents		
Acetone	0.05	0.59
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride .....	.05	.96
Chlorobenzene .....	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone .....	.125	.75
1,2 - dichlorobenzene .....	.68	.125
Ethylacetate .....	.05	.75
Ethylbenzene .....	.05	.053
Ethylether .....	.05	.75
Isobutanol	5.0	5.0
Methanol .....	.25	.75
Methylene chloride .....	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methylene ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.79	0.05
Toluene	1.12	0.33
1,1,1. Trichloroethane	1.05	0.41
1,2,2. Trichloro - 1,2,2 trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoremethane	0.05	0.96
Xylene	0.05	0.15

Authorized representative signature Frederick J. Manley Date 9/4/87

Print or type name FREDERICK J. MANLEY Title ENVIRONMENTAL
ENGINEER

WASTE SAFETY SHEET

LENOX CHINA
POMONA, NJWaste Designation: ACID RESIST SLUDGE# L-6861EPA # F001

STATE # _____

CHEMICAL COMPOSITION:

Component Name	Formula	Range W %	Flash Pt. °F
Asphaltum		20-35	
Wax		30-45	
Trichloroethylene	$\text{CHCl}_2\text{CCl}_2$	10-40	
Varnish		1-4	
Bone black		1-3	
Oil		1-2	
Xylene	$\text{C}_6\text{H}_4(\text{CH}_3)_2$	0-1	81
Naptha		0-1	

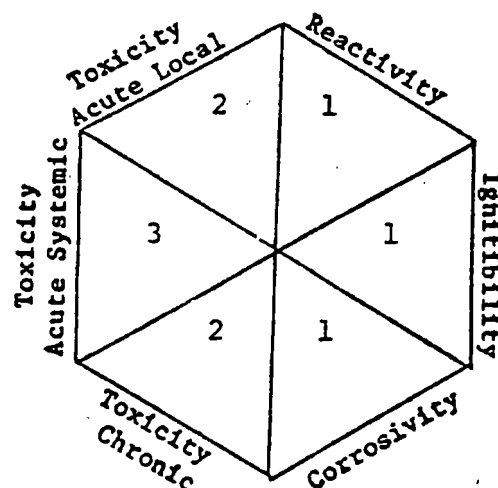
PHYSICAL PROPERTIES:

Physical Character: SludgeColor: Dark Odor: _____Flash Point ☐ <100°F ☐ <140°F ☒ >140°FINSPECTION FOR RECEIPT APPROVAL: N/A

Parameter	Min. - Limits - Max.

HAZARD CODE INFORMATION

4=Red-Severe 3=Orange-High



2=Yellow-Moderate 1=Blue-Low

TREATMENT METHOD/PROCESS NOTES:

Store only on drum storage padShip off site for treatment via incineration☐ There is a special procedure for this waste.

CHEMICAL COMPATIBILITY:

No unusual reactivity.

REQUIRED PERSONAL PROTECTIVE EQUIPMENT:

☒ Hard Hat☒ Safety Glasses☒ Air-Supplying
Respirator

TYVEK

☒ Protective Suit☒ Rubber Gloves☐ Splash Goggles
or Face Shield☐ Air-Purifying *
Respirator☐ Other _____☒ Rubber BootsType: _____
*Spill clean up or repack2/8/88
Date CompletedFD Manley
Author's Name

PROCEDURE SIGN-OFF.

PROCEDURE: Pomona EPA 020

TITLE: Control and Handling of Waste Trichloroethylene Sludge

EFFECTIVE DATE:

REVIEW DATE:

	<u>INITIAL</u>	<u>DATE</u>
PREPARED BY: F. J. Manley Environmental Engineer	<u>FJM</u>	<u>5/20/88</u>
APPROVED BY: R. M. Hopkins Plant Manager	<u>rmh</u>	<u>5/24/88</u>
G. Barnum Plant Manufacturing Engineer	<u>GB</u>	<u>5/25/88</u>
C. Asselta Director, Human Resources	<u>CA</u>	<u>5/27/88</u>

APPENDIX B

Information about Underground Storage Tanks and their Removal During July 1987

LENOX

CHINA • CRYSTAL

POMONA NEW JERSEY 08240

VIA EXPRESS MAIL

October 8, 1987

Kenneth Goldstein
N.J. Department of Environmental Protection
Underground Storage Tank Section
Division of Water Resources
Bureau of Ground Water Quality Management
CN 028 401 E. State Street
Trenton, New Jersey 08625

Re: Underground Storage Tanks
Lenox China
Pomona Plant

Dear Mr. Goldstein,

On May 7, 1986 we registered two underground storage tanks at the Lenox China Plant in Pomona, N.J. (See attached NJDEP registration questionnaire form.)

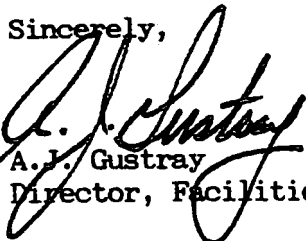
These tanks were removed during our two week plant shutdown period July 20 thru August 2 because they were no longer required for plant operations. There was no problem with these tanks. The excavated area was tested and no contamination was found (see attached test reports).

The tanks were removed off site to Camden Iron, 6th & Atlantic, Camden, N.J.

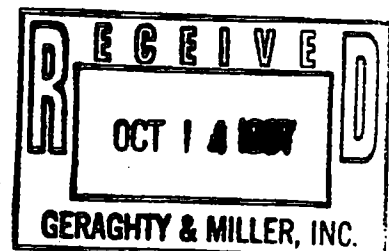
Attached for your information and reference is a listing of general project information noting contractors and test laboratory.

Please call me at (609) 641-3700 if you have any questions or need additional information.

Sincerely,


A.J. Gustray
Director, Facilities Engineering

AJG/pm
Attachments



DISTRIBUTION:

w/enclosures

T.H. Brasher

S.F. Lichtenstein

W.R. Miller

S.J. Piotrowski

R.J. Sullivan (N.J. First)

~~R.A. Saar (C24)~~



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625



FOR STATE USE ONLY		
UST #-	YES	NO
CK. IN.	<input type="checkbox"/>	<input type="checkbox"/>
AMT.	<input type="checkbox"/>	<input type="checkbox"/>
AUTH.	<input type="checkbox"/>	<input type="checkbox"/>
SP. ROUTE	<input type="checkbox"/>	<input type="checkbox"/>
SITE PLN.	<input type="checkbox"/>	<input type="checkbox"/>
SIGN.	<input type="checkbox"/>	<input type="checkbox"/>
COMCODE	<input type="text"/>	

UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE

Bureau of Ground Water Quality Management
Underground Storage Tank Section
(609)984-9736

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REGISTRATION REQUIREMENTS OF THE FEDERAL LAW, P.L. 93-616, THE HAZARDOUS AND SOLID WASTE AMENDMENTS OF 1984, SUBTITLE 1, SECTIONS 9001-9010.

General Facility Information

1. Facility name:	L E N O X C H I N A		
2. Facility location:	T I L T O N R O A D NUMBER AND STREET		
	P O M O N A CITY OR MUNICIPALITY		
	A T L A N T I C COUNTY	N J STATE	0 8 2 4 0 ZIP CODE
3. Owner's mailing address:	1 1 0 1 L E N O X D R I V E NUMBER AND STREET		
	L A W R E N C E V I L L E CITY OR MUNICIPALITY		
	M E R C E R COUNTY	N J STATE	0 8 6 4 8 ZIP CODE
4. Owner's name:	L E N O X I N C O R P O R A T E D		
5. Contact person (Facility Operator)	A J G U S T R A Y D I R F A C I E N G I PERSON OR TITLE		
6. Contact telephone number:	6 0 9 AREA CODE	6 4 1 EXCHANGE	3 7 0 0 NUMBER
7. Total number of facility underground storage tanks	0 0 0 2 (Complete Questions 12 thru 33 for each tank)		
8. Total facility underground storage tank capacity (gallons)	0 0 1 0 2 0 0		
9. Type and status of owner (mark all that apply).			
A. <input checked="" type="checkbox"/> CURRENT	B. <input type="checkbox"/> FORMER	C. <input type="checkbox"/> STATE OR LOCAL GOVERNMENT	D. <input checked="" type="checkbox"/> PRIVATE OR CORPORATE
E. <input type="checkbox"/> OWNERSHIP UNCERTAIN	F. <input type="checkbox"/> FEDERAL GOVT (GSA FACILITY I.D. NUMBER)		
10. Two copies of a site plan are submitted with this registration. A. <input checked="" type="checkbox"/> YES B. <input type="checkbox"/> NO			

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or closed, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11. All underground tanks used after January 1, 1974 including those taken out of operation, (**UNLESS THE TANK WAS REMOVED FROM THE GROUND**) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification Number	<input type="text" value="E1"/>	<input type="text" value="E2"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
13. CASRN Number (Hazardous Substances Only)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
14. Tank Age (Years)	<input type="text" value="22"/>	<input type="text" value="22"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
15. Tank Size (gallons)	<input type="text" value="8200"/>	<input type="text" value="2000"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other; Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Carbon steel	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. Bronze	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
L. Painted/asphalt steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
N. Composite	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
S. Other; Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Double wall	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Manway in tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal Tank and Piping Lining (MARK ONE X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Alklyd	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Glass	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Clay	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Tank I.D. No.		TANK NO. E1	TANK NO. E2	TANK NO. E3	TANK NO. E4	TANK NO. E5	
20. Tank and Piping Lining installed (MARK ONE X)		Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Liner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other, Please Specify							
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sprayed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sacrificial anode		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other, Please Specify							
23. Monitoring/detection method (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Electric sensor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stock/inventory control (manual)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Tile drain		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Internal inspection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Other, Please Specify							
M. None		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Testing history recorded (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test Result (MARK IF LEAKING NOW)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping
A. Within the past 1 year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

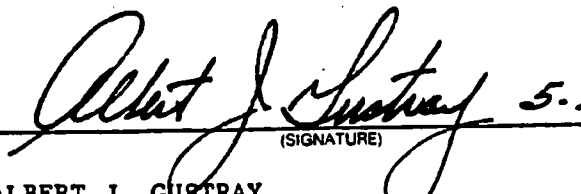
Tank I.D. No.	TANK NO. E 1	TANK NO. E 2	TANK NO. 	TANK NO. 	TANK NO.
27. Tank Status (MARK ONE X)					
A. Active (operational)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Inactive (non-operational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Closed (temporarily out-of-service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Closed (permanently out-of-service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Abandoned, in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Abandoned, in place, filled only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Abandoned, in place, sealed only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Lead gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other, Please Specify					
32. Estimated date last used (month/year)	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.
33. Estimated quantity (gallons) left in tank					

OWNER OR OWNER'S AGENT CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 5.7
(SIGNATURE)
ALBERT J. GUSTRAY
(PRINT OR TYPE NAME)
DIRECTOR, FACILITIES ENGINEERING
(TITLE)

UNDERGROUND TANK REMOVAL

GENERAL PROJECT INFORMATION

During the week of 20 July 1987 Lenox China removed previously registered (5/7/86) underground storage tanks for fuel oil (8,200) and gasoline (2,000 gal).

- This work was planned and coordinated by the prime contractor:
S.A.R., Inc.
100 Route 130
N. Collingswood, N.J. 08108
(609) 858-1400
- Tanks were cleaned and certified non-hazardous by:
PROTANK Div. of Rezultz, Inc.
PO Box 92
Franklinville, N.J. 08322
(609) 696-0222
- Tank cleanup residues were removed by:
Casie Enterprises Div. of Rezultz, Inc.
N.J. Hazardous Waste Manifest #NJA0335217
Dated: July 21, 1987
- Waste was consigned to:
Rezultz, Inc.
Permit #NJD045995693
- S.A.R. excavated tanks for removal by:
Cline Crane
Bellmar, N.J.
- Scrap tanks were consigned to:
Camden Iron
6th & Atlantic
- Lab samples for hydrocarbons were run by the Casie Enterprises Lab
Test from:
"Test Methods for Evaluating Solid Waste"
Physical/Chemical Methods
3rd Edition 11/86 U.S.E.P.A. SW-846



September 21, 1987

Mr. A.J. Gustray, Director
Facilities Engineering
Lenox China, Inc.
Tilton Road
Pomona, N.J. 08240

Re: Water sample from Pomona tank excavation

Dear Mr. Gustray:

For your files, I am enclosing test results for a water sample taken by Carol Karp from the tank excavation at your Pomona plant. There is no indication of gasoline or fuel oil contamination.

Please contact me if you have any questions.

Sincerely,

GERAGHTY & MILLER, INC.

Robert A. Saar

Robert A. Saar, Ph.D.
Associate

RAS:ts

RECEIVED SEP 25 1987



QC Inc

1205 INDUSTRIAL HIGHWAY • P.O. BOX 514 • SOUTHAMPTON, PA 18966-0514 • (215) 355-3900

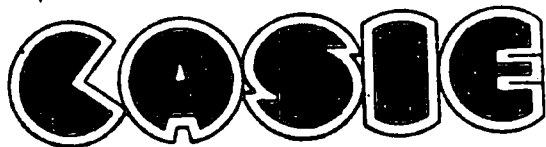
CUSTOMER: Geraghty & Miller
SAMPLE DATE: 07/22/87
SAMPLE NUMBER: 5226
SAMPLE IDENTIFICATION: Project NO627PM1, Sample ID #1, Lenox China

<u>Parameter</u>	<u>Result</u>	<u>Detection Limit</u> <u>ppb</u>
Gasoline	ND	< 5.
Fuel Oil	ND	< 11.

NOTE: Method: Purge/Trap with P.I.D. (602)


QC, INC.

All testing is conducted in accordance with EPA methodology.



enterprise

A Division of Rozitt, Incorporated

July 29, 1987

Sample Identification: Lenox China c/o S.A.R.
Tilton Road
Pomona, NJ 08240

Date Sampled: July 23, 1987

Date Analyzed: July 24, 1987


Analysis: Petroleum Hydrocarbons (PHC)

SAMPLE NO.

RESULTS, ppm

A 2	65
E 2	85
V	<30
W	<30
X	<30
Y	<30
B 2	<30
Z 1	<30
Z 2	<30
Z 3	<30
Z 4	<30
Z 5	<30

Submitted by:


Robert A. White
Laboratory Director

RAW/lbh

UNITED STATES AIR FORCE

2019-01-15

100-443887-100

[illegible]

1997

1990

☐ **14. Do you have any other information that you want to share with us?**

SECRET 14-00000

RECEIVED

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10-10-68

Chemical shift, δ , ppm	Assignment
1.0	CH ₃
1.5	CH ₂
2.0	CH ₂
2.5	CH ₂
3.0	CH ₂
3.5	CH ₂
4.0	CH ₂
4.5	CH ₂
5.0	CH ₂
5.5	CH ₂
6.0	CH ₂
6.5	CH ₂
7.0	CH ₂
7.5	CH ₂
8.0	CH ₂
8.5	CH ₂
9.0	CH ₂
9.5	CH ₂
10.0	CH ₂
10.5	CH ₂
11.0	CH ₂
11.5	CH ₂
12.0	CH ₂
12.5	CH ₂
13.0	CH ₂
13.5	CH ₂
14.0	CH ₂
14.5	CH ₂
15.0	CH ₂
15.5	CH ₂
16.0	CH ₂
16.5	CH ₂
17.0	CH ₂
17.5	CH ₂
18.0	CH ₂
18.5	CH ₂
19.0	CH ₂
19.5	CH ₂
20.0	CH ₂
20.5	CH ₂
21.0	CH ₂
21.5	CH ₂
22.0	CH ₂
22.5	CH ₂
23.0	CH ₂
23.5	CH ₂
24.0	CH ₂
24.5	CH ₂
25.0	CH ₂
25.5	CH ₂
26.0	CH ₂
26.5	CH ₂
27.0	CH ₂
27.5	CH ₂
28.0	CH ₂
28.5	CH ₂
29.0	CH ₂
29.5	CH ₂
30.0	CH ₂
30.5	CH ₂
31.0	CH ₂
31.5	CH ₂
32.0	CH ₂
32.5	CH ₂
33.0	CH ₂
33.5	CH ₂
34.0	CH ₂
34.5	CH ₂
35.0	CH ₂
35.5	CH ₂
36.0	CH ₂
36.5	CH ₂
37.0	CH ₂
37.5	CH ₂
38.0	CH ₂
38.5	CH ₂
39.0	CH ₂
39.5	CH ₂
40.0	CH ₂
40.5	CH ₂
41.0	CH ₂
41.5	CH ₂
42.0	CH ₂
42.5	CH ₂
43.0	CH ₂
43.5	CH ₂
44.0	CH ₂
44.5	CH ₂
45.0	CH ₂
45.5	CH ₂
46.0	CH ₂
46.5	CH ₂
47.0	CH ₂
47.5	CH ₂
48.0	CH ₂
48.5	CH ₂
49.0	CH ₂
49.5	CH ₂
50.0	CH ₂
50.5	CH ₂
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57.0	CH ₂
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62.0	CH ₂
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65.5	CH ₂
66.0	CH ₂
66.5	CH ₂
67.0	CH ₂
67.5	CH ₂
68.0	CH ₂
68.5	CH

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DATE	NAME	PHONE
10/10/51	JOHN J. (JACK) HARRIS	1-234-5678

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Generator Certification

complete and accurate to the best of my knowledge.

or properties exists, and that all known or suspected

Generator's Authorized Signatory

Signature

1000

TITLE 16 FACILITIES DATE 10/5/57

Submitted By: Shreyash

100

PROTANK

PROFESSIONAL TANK & SPILL SERVICE

A Division of Rezult Inc.
P.O. Box 92 • Franklinville, NJ 08322
696-0222

8207

Deliver From

Lenox China

Address

TILTON ROAD

POMONA N.J.

Tank Truck

Salesman

Time

am

pm

Approval

RFI#

☐ Sale

☐ Disposal

☐ Purchase

OILS LAB

MANIFEST#

CHLORINATED
CONTENT _____ PPM

BS&W _____ %

FLASH _____ °F

PHC _____ PPM

2000 GAS TANK

METALS

☐ As

☐ Ba

☐ Cd

☐ Cr

☐ Pb

Product

Gals.

Price

Amount

NO-1 4112 VESSEL

Generator Certification

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of compositions or properties exists, and that all known or suspected hazards have been disclosed.

Generator's Authorized Signatory:

George Kranz

TITLE

Driver

DATE

9/21/92

Submitted By:

PROTANK

PROFESSIONAL TANK & SPILL SERVICE

A Division of Rezult Inc.
P.O. Box 92 • Franklinville, NJ 08322
696-0222

9955

Deliver From

Lenox China

Address

TILTON ROAD

POMONA N.J.

Tank Truck

Salesman

Time

am

pm

Approval

RFI#

☐ Sale

☐ Disposal

☐ Purchase

OILS LAB

MANIFEST#

CHLORINATED
CONTENT _____ PPM

BS&W _____ %

FLASH _____ °F

PHC _____ PPM

METALS

☐ As

☐ Ba

☐ Cd

☐ Cr

☐ Pb

8000 G/L

1 TANK

Product

Gals.

Price

Amount

NO-1 4112 VESSEL

Generator Certification

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of compositions or properties exists, and that all known or suspected hazards have been disclosed.

Generator's Authorized Signatory:

George Kranz

TITLE

DATE

Submitted By:

George Kranz

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
14020, Trenton, NJ 08625

UNIFORM HAZARDOUS
WASTE ID LABEL

NEW JERSEY HAZARDOUS WASTE ID LABEL

NJA 0335217

General Office
Tilton Road, Roseland NJ 08240

4 Generator's Phone (609) 641-3700

5 Generator's Company Name

Cable Enterprises/Protank

7 Transporter 2 Company Name

9 Designated Facility Name and Site Address

Resutis, Inc.
3209 N. Mill Road
Vineland NJ 08360

8 Same

10 NJDEP56747 20724
11 Transporter's Phone (609) 696-4401

12 State Transporter's ID

13 Transporter's Phone

14 State Facility's ID

0614D

15 Facility's Phone

(609) 696-4401

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

15. Waste No.

a. Waste Combustible Liquid N.O.S.,
Combustible Liquid NA1993

0 0 1 T T

12.550

G

X 7 2 6

J. Additional Descriptions for Materials Listed Above

L, T

K. Handling Codes for Wastes Listed Above

T04 Filler

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name

Signature

Month Day Year

JOHN F. KUNFEL

[Signature]

07/21/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

GEORGE MENDOZA

[Signature]

07/21/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. If a discrepancy exists, indicate the nature of the discrepancy and the date of receipt

Printed/Typed Name

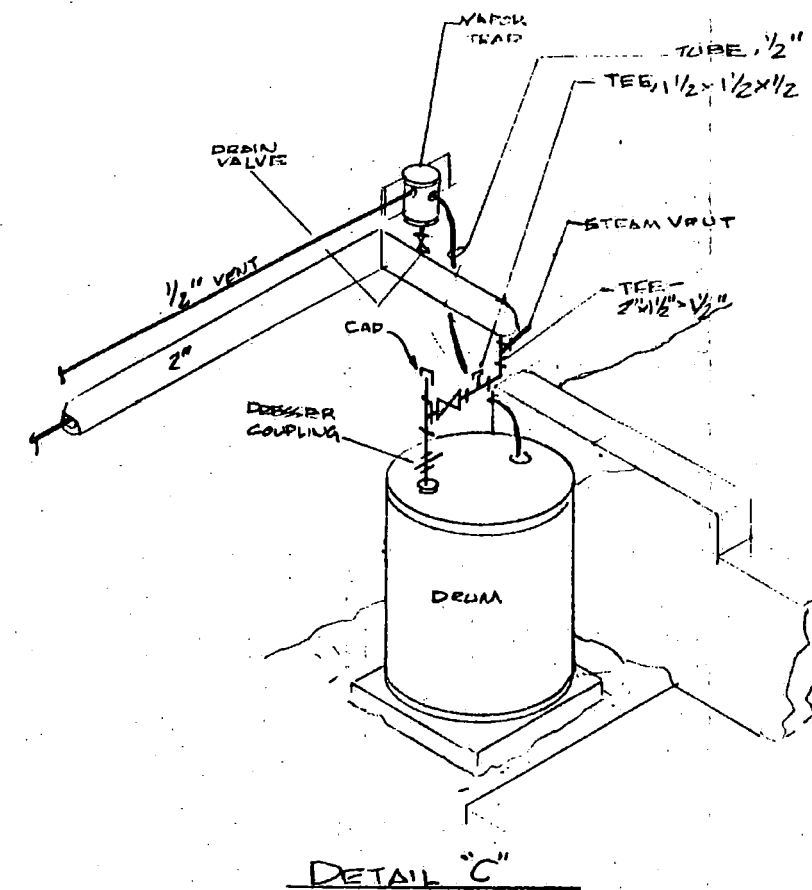
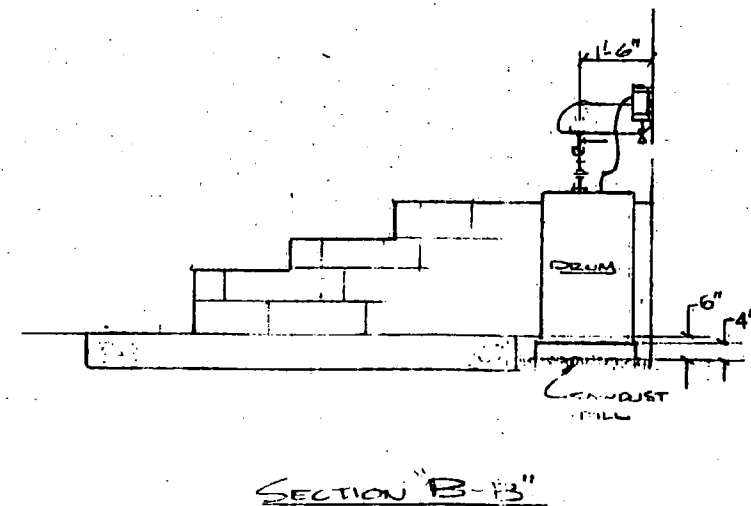
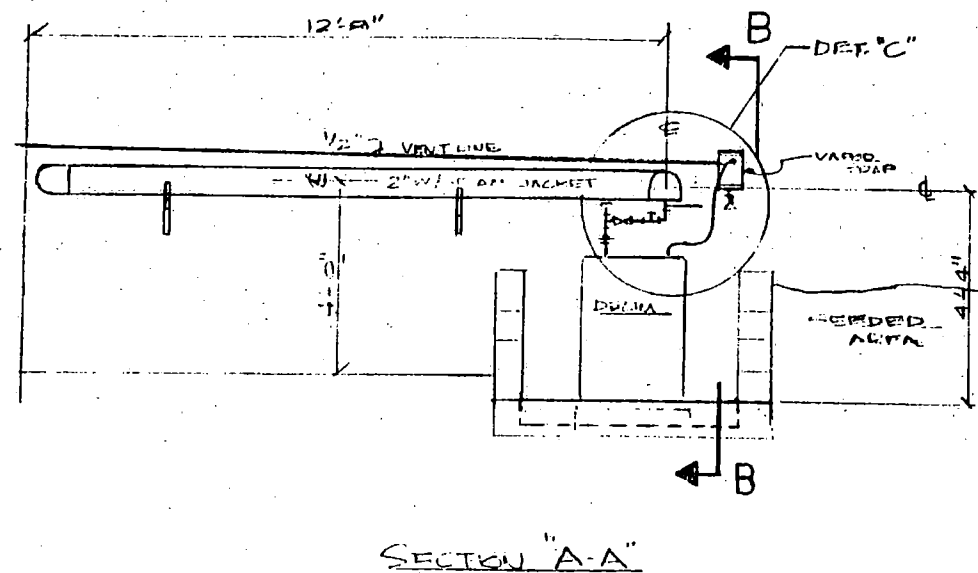
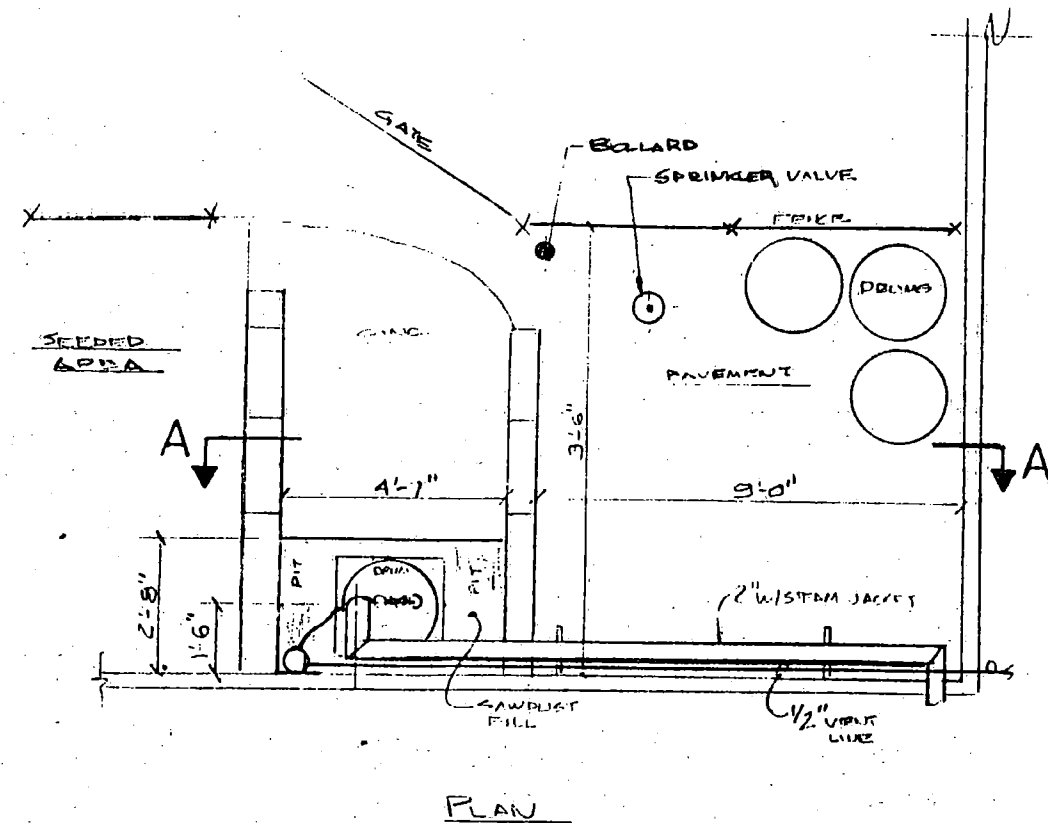
Signature

Month Day Year

[Signature]

[Signature]

07/21/87



TITLE: DEGREASER FILLING STATION
EXIST. CONDITIONS

SCALE
1/4" = 1'-0"

DRN. R. M. HOLMAN

DATE 11/3/88

APPR.

DATE

REV.
LET.

REVISION-DESCRIPTION

BY
DATE

TOLERANCES
UNLESS SPECIFIED
DEC. ±

MATERIAL

LENOX, INC.

DWG. No. B-1132-43